

County: Milwaukee  
MILLWAY HEALTHCARE LLC  
8534 WEST MILL ROAD

Facility ID: 5620

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MILWAUKEE 53225 Phone: (414) 353-2300  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 68  
Total Licensed Bed Capacity (12/31/03): 81  
Number of Residents on 12/31/03: 59

Ownership: Limited Liability Company  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 60

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		16.9
Supp. Home Care-Personal Care	No					1 - 4 Years		42.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	13.6	More Than 4 Years		25.4
Day Services	No	Mental Illness (Org./Psy)	8.5	65 - 74	18.6			----
Respite Care	No	Mental Illness (Other)	15.3	75 - 84	50.8			84.7
Adult Day Care	No	Alcohol & Other Drug Abuse	1.7	85 - 94	16.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.4	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	5.1	65 & Over	86.4	-----		
Transportation	No	Cerebrovascular	28.8		-----	RNs		8.3
Referral Service	No	Diabetes	5.1	Gender	%	LPNs		15.3
Other Services	No	Respiratory	3.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.1	Male	37.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	62.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	7	100.0	347	42	95.5	125	0	0.0	0	0	0.0	0	6	100.0	125	0	0.0	0	55
Intermediate	---	---	---	2	4.5	104	0	0.0	0	1	100.0	160	0	0.0	0	1	100.0	177	4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	7	100.0		44	100.0		0	0.0		1	100.0		6	100.0		1	100.0	59	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	1.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.5	Bathing	0.0	84.7	15.3	59
Other Nursing Homes	3.6	Dressing	5.1	79.7	15.3	59
Acute Care Hospitals	85.7	Transferring	35.6	44.1	20.3	59
Psych. Hosp.-MR/DD Facilities	1.8	Toilet Use	20.3	45.8	33.9	59
Rehabilitation Hospitals	0.0	Eating	15.3	64.4	20.3	59
Other Locations	2.7	*****				
Total Number of Admissions	112	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	8.5		Receiving Respiratory Care	0.0
Private Home/No Home Health	7.0	Occ/Freq. Incontinent of Bladder	61.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	15.7	Occ/Freq. Incontinent of Bowel	57.6		Receiving Suctioning	1.7
Other Nursing Homes	4.3				Receiving Ostomy Care	1.7
Acute Care Hospitals	55.7	Mobility			Receiving Tube Feeding	8.5
Psych. Hosp.-MR/DD Facilities	0.9	Physically Restrained	1.7		Receiving Mechanically Altered Diets	22.0
Rehabilitation Hospitals	0.0					
Other Locations	1.7	Skin Care			Other Resident Characteristics	
Deaths	14.8	With Pressure Sores	8.5		Have Advance Directives	100.0
Total Number of Discharges (Including Deaths)	115	With Rashes	0.0		Medications	
					Receiving Psychoactive Drugs	57.6

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.1	84.7	0.87	88.1	0.84	86.6	0.86	87.4	0.85
Current Residents from In-County	89.8	81.8	1.10	88.7	1.01	84.5	1.06	76.7	1.17
Admissions from In-County, Still Residing	15.2	17.7	0.86	20.6	0.74	20.3	0.75	19.6	0.77
Admissions/Average Daily Census	186.7	178.7	1.04	189.9	0.98	157.3	1.19	141.3	1.32
Discharges/Average Daily Census	191.7	180.9	1.06	189.2	1.01	159.9	1.20	142.5	1.35
Discharges To Private Residence/Average Daily Census	43.3	74.3	0.58	75.8	0.57	60.3	0.72	61.6	0.70
Residents Receiving Skilled Care	93.2	93.6	1.00	94.9	0.98	93.5	1.00	88.1	1.06
Residents Aged 65 and Older	86.4	84.8	1.02	91.0	0.95	90.8	0.95	87.8	0.98
Title 19 (Medicaid) Funded Residents	74.6	64.1	1.16	48.6	1.53	58.2	1.28	65.9	1.13
Private Pay Funded Residents	1.7	13.4	0.13	30.8	0.05	23.4	0.07	21.0	0.08
Developmentally Disabled Residents	0.0	1.1	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	23.7	32.2	0.74	31.3	0.76	33.5	0.71	33.6	0.71
General Medical Service Residents	27.1	20.8	1.30	24.1	1.13	21.4	1.27	20.6	1.32
Impaired ADL (Mean)	53.2	51.8	1.03	48.8	1.09	51.8	1.03	49.4	1.08
Psychological Problems	57.6	59.4	0.97	61.9	0.93	60.6	0.95	57.4	1.00
Nursing Care Required (Mean)	5.3	7.4	0.72	6.8	0.78	7.3	0.73	7.3	0.72